



**OLDER ADULT DAILY LIVING CENTERS
CENTER OPERATIONS AND DEMOGRAPHICS FORM (AGL-08)**

LICENSE NUMBER:

**NAME OF LEGAL ENTITY:	
**NAME OF CENTER:	
** ADDRESS OF CENTER:	
CENTER WEBSITE:	
COUNTY:	
NAME OF CENTER DIRECTOR:	
EMAIL OF CENTER DIRECTOR	PHONE # OF FACILITY

****Enter the name of the legal entity, center, and address as stated on the current license if there have been no changes.**

GENERAL INFORMATION

A. Target Population Served: (Check all that apply)

Aging ____ DD/ID Under Age 60 ____ DD/ID Age 60 & Over ____ Other ____ (Explain)

B. Provide a brief narrative of any specialized services offered beyond the required core services. This includes those services directly offered by the center, or if space is provided to specialized service providers. Refer to regulations 11.402 & 11.403 for more information:

C. Geographical Service Boundaries - Identify by county, municipality, etc., the service area from which the facility draws clients.

D. Indicate in CHART 1 all funding sources: (e.g., PDA Waiver, Options, County MH/ID/DD, VA, Private Pay, Long Term Care Insurance, LIFE, etc.) and the approximate number of clients currently funded by these sources. If enrolled as a provider for any specific funding source but presently not serving any clients through that funding source, enter 0:

CHART 1 – CURRENT NUMBER OF CLIENTS ENROLLED BY FUNDING SOURCE

Funding Source	# Clients Served
Private Pay	
OPTIONS	
VA	
Private Insurance	
County MH/MR	
LIFE	

Funding Source	# Clients Served
ODP Waiver	
Aging Waiver	
OBRA Waiver	
Other Waiver (specify name) _____	
Other _____	
Other _____	

CHART 2 – CURRENT CLIENT DEMOGRAPHICS

Total		Black		White		Hispanic		Asian		Other	
M	F	M	F	M	F	M	F	M	F	M	F

CHART 3 – TOTAL CLIENT ADMISSIONS WITHIN THE PAST 12 MONTHS

Total		Black		White		Hispanic		Asian		Other	
M	F	M	F	M	F	M	F	M	F	M	F

CHART 4 – CURRENT CENTER BOARD MEMBERS (If Applicable)

BOARD MEMBER	RACE	SEX	HANDICAPPED YES OR NO	GROUP REPRESENTED (IF ANY)	DATE TERM EXPIRES

